

Accessibility

(Report as of February 13, 2012)

Penetration Rate:

PBH Medicaid

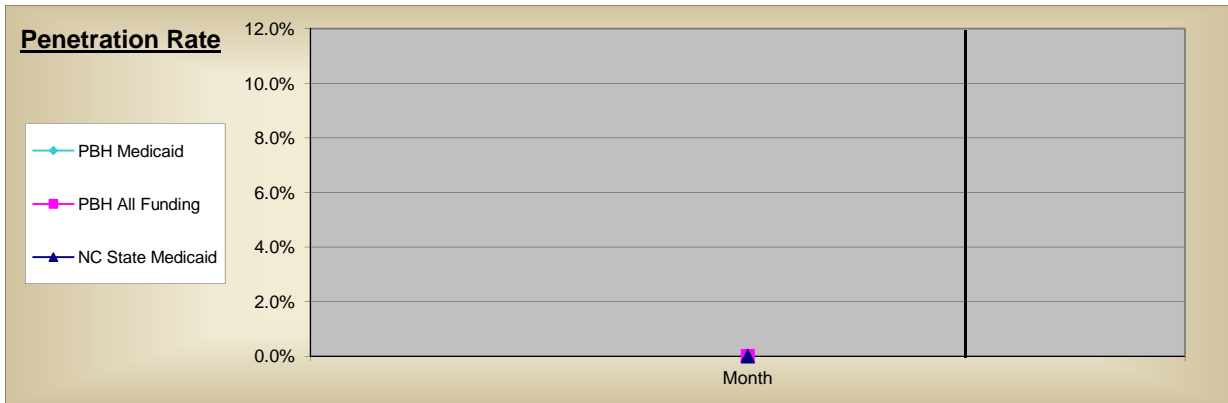
Avg Persons Served per Month
Avg Eligibles per Month
Avg Penetration Rate per Month

**12 Mos
Moving Avg**

PBH All Funding Sources

Avg Persons Served per Month
Avg Medicaid & Uninsured Population
Avg Penetration Rate per Month

**12 Mos Moving
Avg**



Note: The vertical line on the graph represents the last month of complete claims data.

Annual Medicaid Penetration Rate by Age: (Report as of February 13, 2012)

Age (12 Month Calculation for Feb'11 - Jan'12)	% to Total by Age	# of Persons and Penetration %
• Child 3-20 Number of Persons Served PBH Medicaid Eligibles Penetration Rate by Age		
• Adult >=21 Number of Persons Served PBH Medicaid Eligibles Penetration Rate by Age		
• Total Number of Persons Served PBH Medicaid Eligibles Penetration Rate by Age		

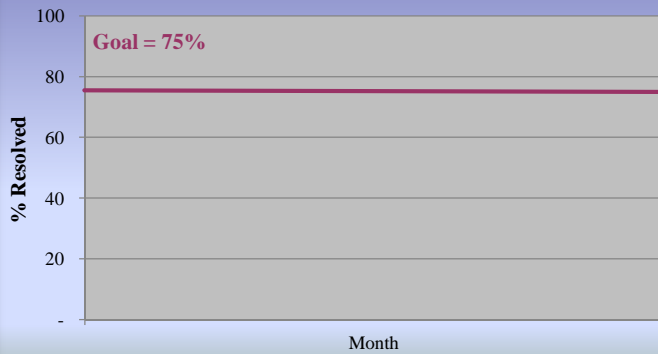
Acceptability

(Report as of February 17, 2012)

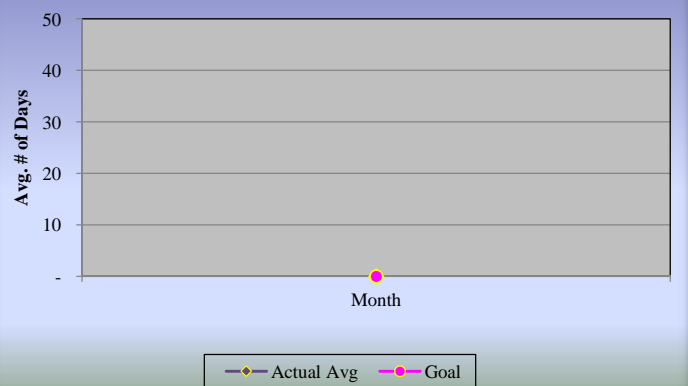
Consumer and Family Grievances

(Numbers include grievances from AC and FC.)

Grievances Resolved within 30 Days



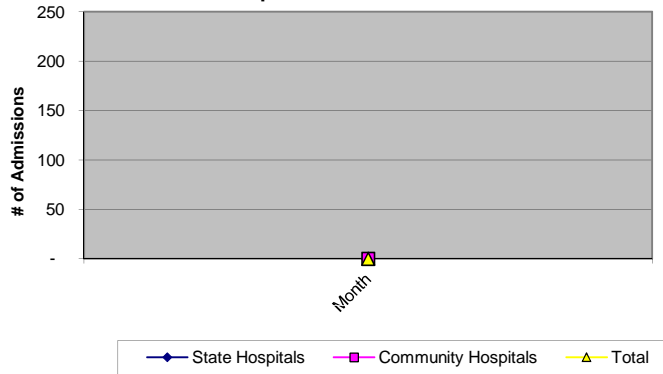
Avg. Calendar Days to Resolve a Grievance



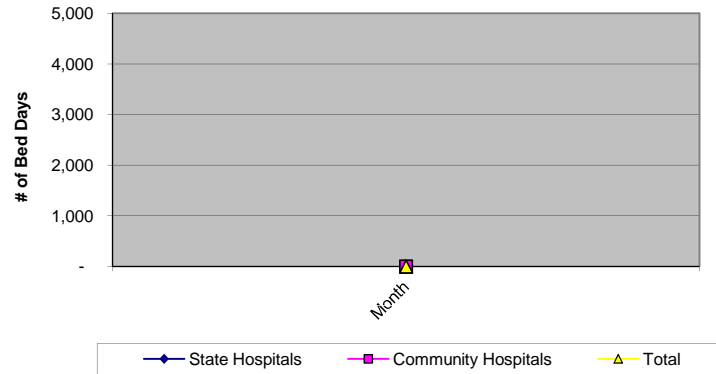
Impact

(Report as of February 17, 2012)

Inpatient Admissions



Inpatient Bed Days Utilized



* Due to claims lag for Community Hospitals, Jan'12 is an average of the previous 12 months.

Value

(Report as of January 19, 2012)

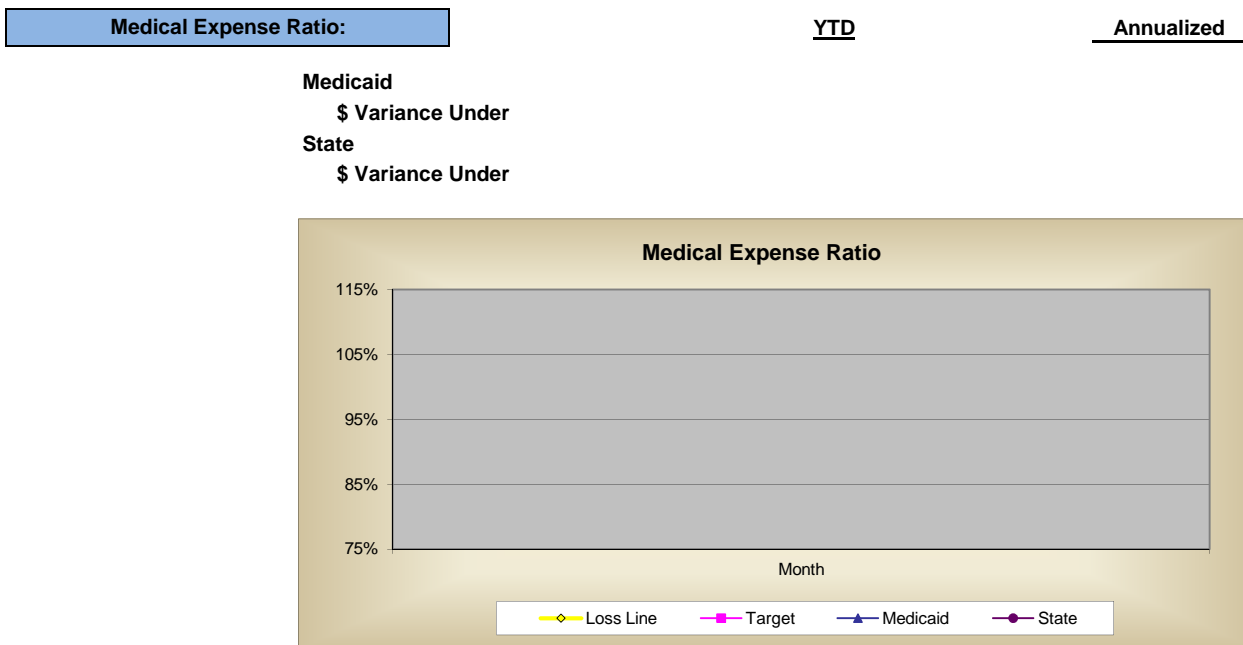
Total Inpatient Cost



Note: Inpatient data includes Total Costs which consists of claims data, state hospital invoice and IBNR accrual.

Risk	(Report as of January 23, 2012)
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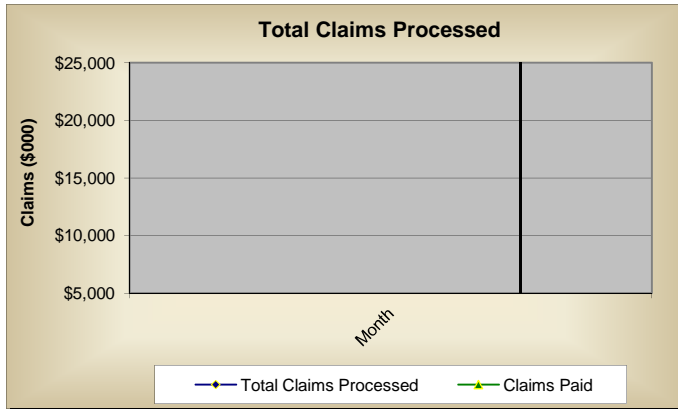
Financial Summary:	Period Ending December 31, 2011				
	Year-to-Date		Annualized		
	<u>Revised Budget</u>	<u>Actual</u>	<u>Annual Budget</u>	<u>Annualized Actual</u>	<u>% Var</u>
Service Revenue: Medicaid					
State					
County & Other					
Fund Balance - State					
Total					
Service Expense: Medicaid					
State					
Other					
Fund Balance - State					
Total					
Net Service Revenue (Expense)					
Administrative: Revenue					
Costs					
Net Administrative Revenue (Expense)					
Net Operating Surplus (Deficit)					



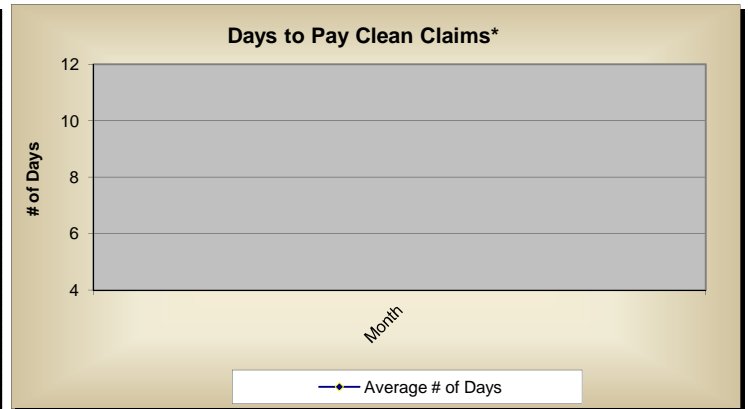
Risk

(Continued)

Claims: (Report as of February 17, 2012)



Note: The vertical line on the graph represents the last month of complete claims data.



* Clean claims contain all information needed in order to make payment.

Number of Days to Process and Pay All Claims: (Report as of February 10, 2012)

Service Date to Received Date
Received Date to Paid Date
Service Date to Paid Date

Aug'11	Sep'11	Oct'11	Nov'11	Dec'11	Jan'12

Top 5 Reasons for Denied Claims: (Report as of February 10, 2012)

Duplicate Claim
Missing/invalid treatment authorization code
Invalid rendering provider NPI #
Claim received after billing period
Patient not enrolled in benefit plan on DOS

Aug'11	Sep'11	Oct'11	Nov'11	Dec'11	Jan'12

#1 Denial Code

#2 Denial Code

#3 Denial Code

#4 Denial Code

#5 Denial Code



Clinical Management

(Report as of February 17, 2012)

Treatment Authorization Requests (TAR):

Completion Rate:

Total Number of TARs Reviewed
Number Reviewed within 14 Days - Benchmark
Compliance Rate (Goal is 95%)
Average # of Days to Review TAR
Total TARs Approved
Total TARs Denied
% Denied

Oct'11	Nov'11	Dec'11	Jan'12

Denial Count by Reason:

Denial
Reduction in Services
Discharge

Oct'11	Nov'11	Dec'11	Jan'12

(MN = Medical Necessity, B = Benefit Plan, D = Clients Discharged
from Services for Various Reasons)

Appeals Disposition (Reconsiderations):

Upheld
Overturned
Withdrawn
Modified
Unresolved*

Oct'11	Nov'11	Dec'11	Jan'12

* Refers to Reconsiderations that are still within the allotted time
for a review to be completed.